Effective November 10, 1998														
CLAIMS AS FILED - PART I (Column 1) (Column 2)							mn 2)	_	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		NUMBER EXTRA		Г	RATE	FEE	1	RATE	FEE		
BASIC FEE				and the second s						380.00	OR		760.00	
TOTAL CLAIMS			4,	minus	20=	• 21			X\$ 9=		OR	X\$18=	378	
INDEPENDENT CLAIMS			5	minus	3 =	• ∂			X39=		OR	X78=	156	
MULTIPLE DEPENDENT CLAIM PRESENT								-130=		OR	+260=	24.0		
* If the difference in column 1 is less than zero, enter "0" in column 2						Ļ	OTAL	 	OR	TOTAL	1554			
CLAIMS AS AMENDED - PART II								'	01712		Jon	OTHER	<u> </u>	
	(Column 1) (Column 2) (Column 3)							S	MALL	ENTITY	OR	SMALL		
AMENDMENT A		REM	AIMS IAINING FTER NDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		36	Minus	**	41	=	>	K\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	* ENTATION	DN OF MI	Minus	PENI	<u> </u>	1=5		X39=		OR	% 7 8=	560	
	TIMOTPHESI	MINIC	DIA OF MIC	DETIFICE DEI	CINC	DEINI CEAINI		+	130=		OR	+260=		
								ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Col	umn 1)		<u>(C</u>	Column 2)	(Column 3)	, 0.)II. I EL					
AMENDMENT B	C.	REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE	
	Total	• 3	0	Minus	**	41	=	×	\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	* (ON OF MU	Minus	PEND		= /	>	(39= /		ØR	X78=		
					•			+	130=		OR	+260=		
									TOTAL IT. FEE		OR ,	TOTAL ADDIT, FEE		
527-e1/ (Column 1) (Column 2) (Column 3)														
AMENDMENI C		REM. AF	AIMS AINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 6		Minus	##	41_	= 6	X	\$ 9=		OR	X\$18=		
	Independent	* 5		Minus	***	12	=	X	39=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							 			ı			
* If the ntry in column 1 is less than the entry in column 2, writ *0" in column 3.											OR	+260=		
** 11	the "Highest Nur f the "Highest Nu	mber Pr	viously Pai	d For IN THIS	S SPA	CE is less than	20, enter "20."		T. FEE		OR ,	TOTAL ODIT, FEE		
	Th "High st Num							tound is	n the app	ropriate box	in colu	ımn 1.		

Application or Docket Number